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JUL 19 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	٠ ٠:	MFER INC	2.		
DOCUMENT NUMBER:		P14000006	502		
The enclosed Articles of Amer	ndment and fee are su	bmitted for filing			
Please return all corresponden	ce concerning this ma	tter to the followi	ng:		
		DOUGLAS J T	HOMPSC	NON'	
		Name of Cont	act Persor	1	-
		MFER	INC.		
	npany		-		
2405 GULF BOULEVARD					
Address					-
INDIAN ROCKS BEACH, FL 33785					_
		City/ State and	d Zip Code		
	JBDE	SK@SUNSETA	CCOUNT	ING.NET	
E-1	nail address: (to be us	sed for future ann	ual report	notification)	
For further information concer	ning this matter, pleas	se call:			
DOUGLAS J THOMPSON		at (941	526-6900	
Name of Conta		Area Co	de & Daytime Telephone Numbe	r	
Enclosed is a check for the fol	lowing amount made	payable to the Flo	orida Depa	artment of State:	
■ \$35 Filing Fee	43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	рy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

MFER INC. (Name of Cornoration as currently filed with the Florida Dept. of State)

(Name of		0006602	cpr. or State)	
		Corporation (if known)		
Pursuant to the provisions of section 607.19 ts Articles of Incorporation:	·	•	adopts the fe	llowing amendmer
A. If amending name, enter the new name	ne of the corporation:			
name must he distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	Co". A professional corp		
B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>	able: FFICE BOX)			
D. If amending the registered agent and new registered agent and/or the new			name of the	
Name of New Registered Agent				
-	(Florida stre	,		·
New Registered Office Address:		(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if chill hereby accept the appointment as registe.	<mark>anging Registered Agent:</mark> red agent. I am familiar w	with and accept the obligat	ions of the pos	sition.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVST	PATRICK A ADANI	3660 EAST BAY DR APT 1121
Add Remove			LARGO, FL 33771
2) Change Add Remove			
3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

, a account account to the contract and	ing additional Articeets, if necessary).	(Be specific)			
		-			
 					
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	<u> </u>				
lf an amendment pi	rovides for an exch	ange, reclassifica	ation, or cancella	tion of issued shar	es,
provisions for imp	<u>lementing the amer</u>	ndment if not co	ntained in the am	endment itself:	
(if not applicab	le, indicate N/A)				
		·			
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	217
JULY 14, 2017	
Dated	
Signature / / / / / / / / / / / / / / / / / / /	
selected, by an incorporator - if in the hands of a receiver, trustee, or other	
appointed fiductary by that fiduciary)	
DOUGLAS J THOMPSON	
(Typed or printed name of person signing)	
DIRECTOR/INCORPORATOR	
(Title of person signing)	